

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

SAMPLE

Printed: 01/07/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MAIN BUILDING - 02 B. WING _____	(X3) DATE SURVEY COMPLETED 1-12
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE FIRE MARSHAL OFFICE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS 42CFR482.41(b) The facility must meet the applicable provisions of the 2000 existing edition of the Life Safety Code of the National Fire Protection Association.	K 000	This Plan of Correction constitutes a written allegation of substantial compliance with Federal Medicare and Medicaid requirements.	
K 015 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Interior finish for rooms and spaces not used for corridors or exitways, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and ceilings, has a flame spread rating of Class A or Class B. (In fully sprinklered buildings, flame spread rating of Class A, Class B, or Class C may be continued in use within rooms separated in accordance with 19.3.6 from the access corridors.) 19.3.3.1, 19.3.3.2 This Standard is not met as evidenced by: Based on observation and staff interview, it was determined that the facility failed to assure that the interior finish of all rooms is at least class A or B in non sprinklered buildings. This could impact staff only. The facility is licensed for 70 beds with a census of 60. FINDINGS INCLUDE: During the tour conducted on 01/03/08 at 11:00 AM, it is observed that the walls in the Administrator's office has paneling on the them without providing documentation on flame spread. Administrator and Director of Maintenance were present and aware of the findings.	K 015	Statement of Deficiencies has been, or will be, taken to the Facility's Quality Assurance/Assessment Committee. <u>Plan of Correction</u> — 1. Administrator's office walls will have documentation to show that interior finish is at least class A or B. All interior finish for rooms and spaces not used for corridors or exitways, will have documentation on flame spread rating of Class A, Class B, or Class C. <u>Measure to ensure does not recur</u> — Maintenance Director and/or designee will provide documentation to the Administrator to ensure that proper flame spread is used before any project is implemented. <u>Who will monitor</u> — The Administrator and Maintenance Director will be responsible for This Plan of Correction.	2-5-08
K 025	NFPA 101 LIFE SAFETY CODE STANDARD	K 025		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

administrator

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the Institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.